E Docket No.: 52743-012004

AF/JAW PATENT

## JIL 0 5 TOTAL ST

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant

BURGESS, ANDREW P.

Confirmation No.: 7680

Appl. No.

10/712121

Filed

November 13, 2003

Title

DECK MOUNTING BRACKET

Grp./A.U.

3632

Examiner

: A. Sterling

Customer No.

1923

Certificate of Mailing

I hereby certify that this correspondence (along with any documents referred to as attached or enclosed) is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450 on <u>June 30, 2005</u>.

Joy Ahn G. Serauskas, Reg. No. 27,952

## NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated March 31, 2005, of the Primary Examiner finally rejecting claims 1, 3, 6-14 and 18-22.

Appeal Fee: \$\\$500.00

Not required (fee paid in prior appeal in this application).

Charge to Deposit Account No. 13-0206.

Check Enclosed.

07/07/2005 LWONDIM1 00000023 130206 10712121

01 FC:1401

500.00 DA

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

Jøy Ann G. Serauskas Registration No. 27,952

Please recognize our Customer No. 1923

as our correspondence address.

227 West Monroe Street Chicago, IL 60606-5096

Phone: 312.372.2000 JGS:cnh

Facsimile: 312.984.7700 **Date: June 30, 2005** 

CHI99 4493699-1.052743.0012

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Applicant claims small TOTAL AMOUNT OF PAYM METHOD OF PAYMENT Check Credit C Deposit Account De	entity status.  MENT (\$)	See 37 CFR 1.27 500 that apply)	First Na  Examine  Art Unit	med Inventor	10/712,121 November Andrew P. A. Sterling 3632 52743-012	13, 2003 Burgess	
Applicant claims small TOTAL AMOUNT OF PAYMENT  METHOD OF PAYMENT  Check Credit C	entity status.  MENT (\$)	See 37 CFR 1.27 500 that apply)	First Na  Examine  Art Unit	med Inventor er Name	Andrew P. A. Sterling 3632	Burgess	
Applicant claims small TOTAL AMOUNT OF PAYM METHOD OF PAYMENT  Check Credit C  Deposit Account De	entity status.  MENT (\$)  (check all t	See 37 CFR 1.27 500 that apply)	Examine Art Unit	er Name	A. Sterling 3632		
METHOD OF PAYMENT  Check Credit C  Deposit Account De	(\$)	500	Art Unit		3632	004	-
METHOD OF PAYMENT  Check Credit C  Deposit Account De	(\$)	500		Docket No.		004	-
METHOD OF PAYMENT  Check Credit C  Deposit Account De	(check all t	that apply)	Attorney	Docket No.	52743-012	004	
Check Credit C							
Deposit Account De	Card $\square_{M}$						
Deposit Account De		Ioney Order 📖 1	None 🔲	Other (please ide	ntify):		
				eposit Account Na		rmott Will &	& Emery Ll
For the above-identif		ccount, the Director is					
Charge fee(s)	indicated belo	ow		Charge fee(s)	indicated be	low. except fe	or the filing
Charge any ac	dditional fee(s	s) or underpayments o	of fee(s)	Credit any ove		,	
under 37 CFR WARNING: Information on this	1.16 and 1.1	7		•	• •	form. Provide	credit card
Information and authorization		one public. Ordan care	i inormation s	illouid flot be file.	adda on ans	ioiiii. i rovide	credit card
FEE CALCULATION							
1. BASIC FILING, SEAR							
	FILING FI Sn	EES SE nall Entity	ARCH FEE: Small E		INATION F <u>Small Ei</u>		
Application Type	Fee (\$)		e (\$) Fee (				Fees Paid (\$
Utility	300	150 50	00 250	200	100		
Design	200	100 10	00 50	130	65	_	
Plant	200	100 30	00 150	160	80		
Reissue	300	150 50	00 250	600	300	•••	
Provisional	200	100	0 0	0	0		
2. EXCESS CLAIM FEE: Fee Description	S					í	<u>Small</u> Fee (\$) Fe
Each claim over 20 or, for							50
Each independent claim o		r Reissues, each ind	lependent cl	aim more than	in the orig	inal patent	
Multiple dependent claim Total Claims	s Extra Claims	Fee (\$) F	ee Paid (\$)	Multin	le Depende	nt Claime	360 1
0 - 20 or HP =	0	x 50 =	0		: (\$)	Fee Paid (\$	)
HP = highest number of total c			oo Dold (A)				- 
1ndep. Claims E	extra Claims 0	Fee (\$) Fe	ee Paid (\$) 0				
HP = highest number of indepe	ndent claims p	aid for, if greater than 3					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.